



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHARITABLE GAMING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH CHARITABLE GAMING VENDOR

INSTRUCTIONS

Each officer of a charitable gaming vendor business applying for licensure must submit a [Certificate of Individual](#) form. Officers include each owner, director, partner, members, manager, investor or stockholder of the business (Section 1.0 of the Board's [Rules and Regulations](#)).

- ☐ Submit a completed, signed and notarized *Certificate of Individual* form.
- ☐ Enclose a copy of your driver's license or state-issued identification card.
- ☐ Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks using the *Instructions for Requesting a Criminal Background Check* form in the application.

1. Name of Charitable Gaming Vendor: _____

2. Business **Physical** Address: _____
Street Address - No PO Box

City Delaware State Zip

3. Email: _____ ☐ None

4. Select your association with the charitable gaming vendor named in Question 1 (check all that apply):

- ☐ Owner ☐ Member ☐ Investor ☐ Director ☐ Manager ☐ Stockholder
☐ Partner ☐ Other: _____

5. Your Full Name: _____
First Middle Last Suffix

6. Other Names Used: _____ ☐ None
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

7. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter SSN: _____ If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

9. Driver's License or State-Issued ID Number: _____ State: _____

Enclose a copy of your driver's license or state-issued identification card.

10. Physical Residence Address: _____
Street Address - No PO Box!

City State Zip

Notice to Charitable Gaming Vendor Officers

Misrepresentation or failure to disclose information on this licensure application may cause the application to be rejected or licensure denied. Such misstatements or failures to disclose may also result in criminal prosecution under the Delaware Criminal Code. An arrest is not necessarily grounds for denial of a license. Do not misstate or omit any material fact on this application.

Applicants who are denied licensure are prohibited from reapplying for a period no less than 12 months

DISCLOSURES

11. Have you engaged in the illegal use of controlled substances within the past two years? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, and continue with Question 11. If no, skip to Question 13.**
12. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐
13. Has a criminal indictment, information or complaint ever been returned against you, in which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
14. Are you currently, or have you ever been, on parole or probation? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, including the charge(s), conviction(s), name of parole or probation officer, start and end dates, and city, county and state where probation is/was served.**
15. Have you ever engaged in any type of unlawful gambling or gambling enterprise? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
16. Have you ever been employed by, or associated with, any business or person connected in any way with an illegal gambling enterprise? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
17. Have you ever received treatment or counseling for a gambling problem or addiction? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, including the name of the treatment facility/physician, the dates of treatment, and the extent of the problem or addiction.**
18. Have you ever been barred, expelled or excluded from any racetrack, casino or gambling facility? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully, including the name and location of the facility, the date of the incident, and the reason for the action.**

DUTY TO REPORT

19. As an officer of a Charitable Gaming Vendor business, do you understand that you are required to:
- Notify the Board in writing if the ownership of the business changes? Yes ☐ No ☐
 - Notify the Board office *in writing* within ten days of any change in the vendor's officers? Yes ☐ No ☐
 - Notify the Board office *in writing* within three days after the arrest of any of the vendor's officers for any crime other than minor traffic violations? Yes ☐ No ☐
 - Notify the Board office in writing within ten days of any change in the status of the vendor's business license? Yes ☐ No ☐

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the charitable gaming vendor named above, in the capacity indicated, and certifies that the facts stated herein are true.

Signature of Officer: _____ **Date:** _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires on _____

FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.